

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR -7 PM 3: 33

DOCUMENT # S73650

(1)

1. Corporation Name
DANFLARE, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**112 S HIBISCUS ISLAND
MIAMI FL 33139-5130**

Mailing Address
**112 S HIBISCUS ISLAND
MIAMI FL 33139-5130**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/12/1991** 3a. Date of Last Report **03/15/1994**

4. FEI Number **65-0287510** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGEN, HILARY
112 S HIBISCUS ISLAND
MIAMI FL 33139-5130**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and the corporation)

(Print) (Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT**
NAME **REINALDO NAHAS**
STREET ADDRESS **112 S HIBISCUS ISLAND**
CITY - ST - ZIP **MIAMI FL**

TITLE **DVS**
NAME **ILZA NAHAS**
STREET ADDRESS **112 S HIBISCUS ISLAND**
CITY - ST - ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/95 (305) 674

00.23

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